

EXHIBIT 1

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Eastern District of Michigan			PROOF OF CLAIM						
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846	<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FEB 24 2014</div> <div style="font-size: 12px; font-weight: bold; border: 1px solid black; padding: 2px;">KURTZMAN CARSON CONSULTANTS COURT USE ONLY</div>						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.									
Name of Creditor (the person or other entity to whom the debtor owes money or property): Jackie's Transport, Inc.		<input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____							
Name and address where notices should be sent: Jackie's Transport, Inc. c/o Yuliy Osipov, 20700 Civic Center Dr., Suite 420, Southfield, MI 48076 Telephone number: (248) 663-1800 email: yo@osbiq.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.							
Name and address where payment should be sent (if different from above): Telephone number: email:									
1. Amount of Claim as of Date Case Filed: \$ <u>53,725.50</u>									
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.									
2. Basis for Claim: <u>Assignment of payments due to Upright Wrecking & Demolition</u> (See instruction #2)									
3. Last four digits of any number by which creditor identifies debtor: <div style="text-align: center; font-size: 18px;">6 4 0 1</div>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)							
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____							
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.									
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </td> </tr> </table>				<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
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<div style="text-align: right;">Amount entitled to priority: \$ _____</div>									
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>									
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)									

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim statement is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

RECEIVED
FEB 24 2014

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

KURTZMAN CARSON CONSULTANTS

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Michael G. Bates

Title: President

Company: Jackie's Transport, Inc.

Address and telephone number (if different from notice address above):

7811 Chubb Road

Northville, MI 48187

Telephone number (248) 344-0047 email:

(Signature)

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION - Detroit

IN THE MATTER OF:

CITY OF DETROIT, MICHIGAN

Debtor.
_____ /

Chapter 9
Case No. 13-53846
Hon. Steven W. Rhodes

SUPPLEMENT TO PROOF OF CLAIM

Jackie's Transport, Inc. submits this Proof of Claim for moneys owed on a demolition project with the City of Detroit. From July 11, 2011 through September 9, 2011, Jackie's Transport, Inc. performed services as a subcontract for Upright Wrecking & Demolition, L.L.C. Following the completion of these services, Upright Wrecking & Demolition, L.L.C. assigned \$88,000.00 of the amount due and owing under their contract (No. 2820818) with the City of Detroit to Jackie's Transport, Inc., Assignment Agreement #6401.

To date, \$34,274.50 has been paid to Jackie's Transport, Inc. under the assignment agreement. Jackie's Transport, Inc. files this proof of claim to receive all amounts due and owing under City of Detroit Contract No. 2820818 up to the remaining \$53,725.50 balance of the amounts assigned.



City of Detroit
Finance Department
Voucher Audit

Coleman A. Young Municipal Center
Detroit, Michigan 48226
Phone 313-224-3306

Assignment Agreement

City of Detroit Contract/Purchase Order No. 2820818

UPRIGHT WRECKING

Assignor Name

5555 Conner Suite 1249

Detroit MI 48213

Assignor Address

2820818

Contract / Purchase Order Title

JACKES TRANSPORT

Assignee Name

\$ 88,000

Amount Assigned

7811 Chubb Rd Naxhville MI 48168

Assignee Address

Type of Assignment:

1. Specific Accounts Assigned N/A

2. Comments:

For value received, the above designated Assignor hereby assigns to the above designated Assignee the amount stipulated above due or to become due from the City of Detroit, Michigan on account of the above designated City of Detroit Contract.

The Assignor hereby authorizes and directs the City of Detroit to pay to the Assignee all monies due or to become due and hereby authorizes the Assignee to receive and receipt for said monies or any portion thereof in the name of the Assignor, or otherwise as the City of Detroit may require.

The Assignor authorizes the City of draft the check payable to the Assignee in the manner as designated below:

Termination of Assignment: (Please check the one applicable)

☒

1. This assignment shall terminate only upon agreement of termination by the Assignor and the Assignee and the signing of termination statement below.

☐

2. The Assignor shall have the power to terminate this assignment at anytime without the approval or signature of the Assignee by signing the termination statement below.

6401

Dave Bing, Mayor

IN WITNESS WHEREOF, the hand and seal of the Assignor is hereunto set this 30th day
of September a.d., 2011.

In the Presence of:

[Signature]

JOYCE DAVIS
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Apr 6, 2015
ACTING IN COUNTY OF Wayne

LIPPHANT WRECKING
(Name of Assignor as stated in Contract)
By [Signature] Officer
(Signature) (Title)
By _____
(Signature) (Title)

(Corporate)
(Seal)

TACHES TRANSPORT
(Name of Assignee as stated in Contract)
By [Signature] President
(Signature) (Title)

By _____
(Signature) (Title)

(Corporate)
(Seal)

CONSENT OF SURETY

The Undersigned Surety of the above-designated City of Detroit Contract hereby consents to the
above assignment.

(Name of Surety) (Date)

(Attorney in Fact)

(Corporate)
(Seal)

STATE OF MICHIGAN

)S.S.

County of _____)

(CORPORATE)

On this 30th day of Sept, 20 11, before me, a notary public in and for said county, appeared Miles Davis SR and to me known, who, being first duly sworn did each say that they are respectively the Officer and Secretary of UPPER MERIDIAN, the corporation named in which executed the within instrument and that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors.

(PARTNERSHIP)

On this _____ day of _____, 20 _____, before me, notary public in and for said county, appeared _____ and _____ to me known, who, being first duly sworn, did each for himself say that they are partners of _____ the partnership named in and which executed the within instrument and acknowledged said instrument to be the free act and deed of said partnership.

(PROPRIETORSHIP)

On this _____ day of _____, 20 _____, before me, notary public in and for said county, personally appeared _____ to me known, who being by me first duly sworn, did say that he is the proprietor of _____, named in and which executed the within instrument and acknowledged said instrument to be his free act and deed.

Subscribed and sworn to before me this 30th day of Sept 20 11.

My Commission expires: 04-06-2015

JOYCE DAVIS
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES APR 6, 2015
ACTING IN COUNTY OF Wayne

Notary Public Joyce Davis County, Wayne

APPROVAL OF CITY OF DETROIT

(Finance Director)

Finance's Contract No. & P.O. No. 2820818 Finance's Assignment No. 6401
Above assignment was filed in the Office of the Finance Director this date.

Date 11/12/12 Finance Director [Signature]
Finance Department _____ Department _____ Assignor X Assignee